



DEP & REF

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Brian K. ESTABROOK et al

Serial Number: 09/522,160

Filed: March 9, 2000

US PATENT & TRADEMARK
OFFICE Art Unit: 3763

Examiner: Kathryn L. Assadi

Atty. Docket No.: 90018.0.30

For: PORT DEVICE FOR SUBCUTANEOUS ACCESS TO THE VASCULAR SYSTEM OF A
PATIENT

REQUEST FOR REFUND

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Further to the filing of a Response, Request for Continued Examination, and a Petition for a Five-Month Extension of Time in the U.S. Patent and Trademark Office on February 27, 2006, in regard to the above-identified application, it has been noted that Applicant's Representative erroneously filed a Petition for a Five-Month Extension of Time authorizing that Deposit Account No. 50-2383 be charged for the \$1,080.00 fee, instead of a Petition for a Three-Month Extension of Time in the amount of \$510.00.

A Final Office Action was issued on August 26, 2005, in regard to the above application. The Response to Final Office Action, Request for Continued Examination, and Petition for Extension of Time was filed on the six-month due date (February 26, 2006, being a Sunday) of February 27, 2006. On the Petition for Extension of Time, the box for a five-month extension and authorization to charge Deposit Account 50-2383 in the amount of \$1,080.00 was erroneously checked instead of the box for a three-month extension of time and authorization to charge Deposit

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Request for Refund
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Attorney Docket No. 90018.0.30

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Account 50-2383 in the amount of \$510.00. Therefore, a refund in the amount of \$570.00 is requested.

The Director is hereby authorized to refund an amount of \$570.00 for the additional extension fee erroneously authorized for the above-identified application to Deposit Account 50-2383.

A duplicate copy of this sheet is enclosed herewith.

Customer No. 40320
Burns & Levinson LLP
1030 15th Street, N.W., Suite 300
Washington, DC 20005
Telephone: 202-842-0431
Facsimile: 202-467-4045

Respectfully submitted,


Kimberly B. Whitehead
Registration No. 55330

Date: February 28, 2006

I hereby certify this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or the correspondence is being facsimile transmitted to the USPTO, on the date indicated below.

Date of deposit: February 28, 2006

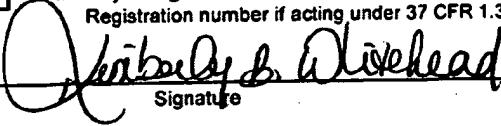
Typed name: Lori L. Stewart

Signature: 

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number (Optional) 90018.0.30 |
|---|---|-------------------------------------|
| Application Number 09/522,160 | | Filed 3/9/2000 |
| For Port Device for Subcutaneous Access to the Vascular System of a Patient | | |
| Art Unit 3763 | Examiner Kathryn L. Assadi | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | Fee | Small Entity Fee |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 120 | \$ 60 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 450 | \$ 225 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1,020 | \$ 510 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1,590 | \$ 795 |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2,160 | \$ 1,080.00 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2383. I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the | <input type="checkbox"/> applicant/inventor. | |
| | <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | |
| | <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 55330 | |
| | <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | |
|  Signature | | February 27, 2006 Date |
| Kimberly B. Whitehead Typed or printed name | | (202) 842-0431 Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Adjustment date: 03/23/2006 SDIRETA1
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